

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

STILLBORN

State File No. 3179

FILED FEB 20 1942

Registration District No. 677

Primary Registration District No. 463

Registrar's No. 18

1. PLACE OF DEATH:

- (a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULLNAME Still Born

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Male
Color or race wht

6. (a) Single, widowed, married,
divorced 1 X

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Jan 28 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day
6 hr. _____ min.

9. Birthplace Rolla Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Clyde Ball

13. Birthplace Kischknong Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lucile Sherfield

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Coursey
(b) Address Rolla, Mo

17. (a) Hutchison (b) Date thereof Jan 30, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Wm Coursey

(b) Address Rolla, Mo

19. (a) Jan 29 (b) Wm Coursey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1942 hour 3 PM minute 15 M.

21. I hereby certify that I attended the deceased from Jan 29
1942 to Jan 29 1942
that I last saw him alive on Jan 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Infants
Duration _____

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury D

23. Signature Wm Coursey (M. D. or other)
Address Rolla Mo Date signed 1-29-42

RECEIVED
Phelps County Health Officer
County File Number 3
Date Filed 2-16-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.